

# Fermilab SIST 2003 Intern Data Form, Faculty Assessment

**Student Name** \_\_\_\_\_  
*To the student: Please make a copy of this form for everyone who provides an assessment. At least two assessments are required.*

**Faculty Name:** \_\_\_\_\_

**Title/Department:** \_\_\_\_\_

**University:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone & Email:** \_\_\_\_\_

	Top 3%	Top 10%	Top 30%
Academic achievement	—	—	—
Academic potential	—	—	—
Capability for working independently	—	—	—
Capability for working cooperatively	—	—	—
Motivation & intellectual curiosity	—	—	—

*Please provide a written assessment of this student with respect to these qualities and any other relevant aspects of his or her character you feel are relevant. You may attach a separate letter. This information is confidential.*

***The deadline for us to receive this assessment is February 28, 2003.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to:*

Fermilab Equal Opportunity Office, MS 117, PO Box 500, Batavia, IL 60510-0500; Fax: 630-840-5207